Image# 10991123858 08/3/3 # 20/10 10:40

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation		
Defenders of Willdife Action Fund		
(b) Address (number and street)		
(c) City, State and ZIP Code		
Washington DC 20036	FEC Identification Number	
2. Corporate filers only	C C90007907	
Is the filer a qualified nonprofit corporation? X Yes No		
Individual filers only Name of Employer	Occupation	
Name of Employer		
4. TYPE OF REPORT (check appropriate boxes):		
(a) April 15 Quarterly Report 24-Hour Notice 🔀 48-Hour	our Notice	
☐ July 15 Quarterly Report		
☐ October Quarterly Report		
☐ January 31 Year-End Report		
(b) Is this Report an amendment? Yes \(\subseteq \text{No } \mathbb{X} \)		
5. COVERING PERIOD: FROM 08 / 030 / Y Y Y Y Y Y		
THROUGH		
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
6. TOTAL CONTRIBUTIONS	0.00	
7. TOTAL INDEPENDENT EXPENDITURES	725.60	
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regul	n, if the independent expenditures	
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE	
William Lutz	08/31/2010	
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.		
to the period of		

 $For \ further \ information, \ contact:$

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE Z/Z

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)		
Defenders of Willdife Action Fund		
Full Name (Last, First, Middle Initial) of Payee Jessica Brand	Date	
	M M / D D / Y Y Y Y Y Y 3 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	
Mailing Address 1130 17th St NW	Amount	
City State Zip Code	103.80	
Washington DC 20036		
Purpose of Expenditure Category/	Office Sought: X House State: NM	
salary	House Senate District: 02	
Name of Federal Candidate Supported or Opposed by Expenditure: STEVAN E. PEARCE	Check One: Support X Oppose	
Calendar Year-To-Date Per Election for Office Sought 310.06	Disbursement For: 2010 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
William Lutz	M M / D D / Y Y Y Y	
Mailing Address 1130 17th St NW	70 8 30 2010 Amount	
City State Zip Code	243.92	
Washington DC 20036		
Purpose of Expenditure Salary Category/ Type	Office Sought: X House State: NM	
	House Senate District: 02	
Name of Federal Candidate Supported or Opposed by Expenditure: STEVAN E. PEARCE	Check One: Support X Oppose	
Calendar Year-To-Date Per Election for Office Sought 563.65	Disbursement For: 2010 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Date		
Rodger Schlickeisen		
Mailing Address 1130 17th St NW Amount		
377.88		
City State Zip Code Washington DC 20036		
Purpose of Expenditure Category/	Office Sought: X House State: NM	
salary Type	House Senate District: 02	
Name of Federal Candidate Supported or Opposed by Expenditure: STEVAN E. PEARCE	Check One: Support X Oppose	
	Disbursement For: Primary X General	
Calendar Year-To-Date Per Election for Office Sought 377.88	2010 Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	725.60	
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	725.60	
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